## SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Employee Organization   Divited Service Workers Local 74   Service Workers Local 74   Service Organization   Divited Service Workers Local 74   Divited Workers Local 74   Divited Service Wo	Section I: Agreement Deta Public Employer:	nis Borough of Lincoln Park				County	County: Morris		
Base   Vear Contract Term:   1/1/2017   12/31/2011   New Contract Term:   1/1/2012   12/31/2014		United Service Wor	kers Local 74						
Column A   Record For Total Costs   Record F		1/1/2007	12/31/2011	New Contra	ct Term 1/1/20				
Base Year - Total Coase   Rev Base Year - Total Coase Year - Yea	Type of Settlement:	Mediated Settlem	ent 🔲 Fa	ct-Finder Recommendation		☐ Voluntary Settlement	Voluntary Settlement Super Concil		
Solid   Soli				Base Year -	Total Costs	New Base Year - 1	otal Costs		
	Section II: Economic				,				
Rem 3	ltem 1 Sa	lary	=	\$1,363,812		\$1,397,395			
		rement	<b></b>						
Rem 5	Item 3 Los	ngevity	-	\$37,002		. \$37,747			
Rem 6   Rem 7   Rem 18   Rem 19   Rem 19   Rem 11   Rem 12   Rem 13   Rem 14   Rem 15   Rem			-						
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Rem 11   Rem 12   Rep 12   Rep 13   Respect to the seast scharm			-			. [			
Rem 12			-			•			
Additional literals into acquarities better the control in each column.    Section III: Totals - Sum of costs in each column.   S1,400,814   (Total)   (Total)			-						
Section III: Totals - 6um of costs in each column   S1,400,814   (Total)   (Total)			-	l ————					
(Total)   (Total)   (Total)   (Total)	Any additional items kslips separate s	heal	Additional Rems		<del></del>	-	<del></del>		
Total    Total  Base Year/previous agreement   S1,400,814     S2,60,386   S34,819   S26,386   S34,819   S26,386	ection III: Totals - Sun of cost in each column			\$1,400,814		\$1,435,142			
Section IV: Analysis of new successor agreement S1.400,814  Effective Date (midthyny)					ntal)				
Total Base Year/previous agreement    S1,400,814					<i>п</i> ш,	(1012)			
Effective Date (m/di/vvvv)	Santa a Br								
Effective Date (m/d/yyyy)				NEW AGREE	VIENT ANALTSIS				
Percent forcease 2% or \$1,200 1% or \$1,200 2% or \$1,200  Total cost of increase \$34,328 \$26,386 \$34,819  Total bases salary (successor agreement) \$1,435,142 \$1,461,528 \$1,496,347  Section V: Impact of Settlement - average annual increase over term of agreement  Percentinge invact (average per year over term of agreement) \$2,29  Dotal impact (average per year over term of agreement) \$31,844.00  Section VI  Percenting invact (average per year over term of agreement) \$31,844.00  Cost of Health insurance (folksale crests associated on each fine) \$484,476 \$545,988  Employee Cont butions \$19,313 \$34,071  Prescription  Bental \$32,868 \$31,092  Vision  The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punisment.  Section VII  Prepared by: Kerry L., Geisler Title: Chief Financial Officer	total page (earth clone wheeling)	\$1,400,814							
Percent forcease	Effective Date (m/d/yyyy)		1/1/2012	1/1/2013	1/1/2014				
Total base salary (auconsecr agreement) \$1,435,142 \$1,461,528 \$1,496,347  Section V: Impact of Settlement - average annual increase over term of agreement  Percentage largact (average per year over term of agreement) 2.29  Dobs Impact (average per year over term of agreement) \$31,844.00  Section VI  Health Insurance (Indicate crets associated on each line)  Englished Contributions \$19,313 \$34,071  Prescripton  Dental \$32,868 \$31,092  Vision  The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punisment.  Section VII  Print Name (Indicate crets that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punisment.  Section VII  Print Name (Indicate Cretifies Tribe)  Chief Financial Officer	Percent increase ,,,,,,								
To this base salary (aucons sor agreement)  St. (435,142 \$1,461,528 \$1,496,347  Section V: Impact of Settlement - average annual increase over term of agreement  Fercentage Impact (average per year over term of agreement)  Section VI  Health Insurance (Indicate creds associated on each fine)  Ease Year Year 1  Cost of Health Plan . \$484,476 \$545,988  Employee Contributions \$19,313 \$34,071  Prescription  Bental . \$32,868 \$31,092  Vision . The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, sithe is subject to punisment.  Section VI  Prepared by: Kerry L. Geisler Title: Chief Financial Officer	Total cost of increase				***************************************	-			
Percentage Impact (average per year over term of agreement)  2.29  Dollar Impact (average per year over term of agreement)  Sati,844.00  Base Year  Your 1  Cost of Health Plan  S484,476  S545,988  Employee Contributions  S19,313  S34,071  Prescription  Dental  \$32,868  \$31,092  Vision  The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment.  Section VII  Prepared by:  Kerry L., Geisler  Title: Chief Financial Officer	Total base salary (successor agreeme	nQ							
Percentage Impact (average per year over term of agreement)  2.29  Dollar Impact (average per year over term of agreement)  Sati,844.00  Base Year  Your 1  Cost of Health Plan  S484,476  S545,988  Employee Contributions  S19,313  S34,071  Prescription  Dental  \$32,868  \$31,092  Vision  The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment.  Section VII  Prepared by:  Kerry L., Geisler  Title: Chief Financial Officer	Section V: Impact of Settler	nent - average annual inc	···	***************************************	<u> </u>				
Dodas Impact (average per year over term of agreement)  S31,844.00  Health Insurance (indicate costs associated on each line)  Base Year Year 1  Cost of Health Plan	•	_	_						
Section VI  Health Insurance (Indicate crost associated on each line)  Base Year Year 1  Cost of Health Plan	Dollar Impact (average per year over t	erm of agreement)	***************************************						
Health Insurance (Indicate costs associated on each line)    Ease Vas									
Cost of Health Plan \$484,476 \$545,988  Employee Cont butions \$19,313 \$34,071  Prescription  Dental \$32,868 \$31,092  Vision  The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment.  Gection VII  Prepared by: Kerry L. Geisler Title: Chief Financial Officer	Section VI								
Cost of Health Plan	Health Insurance (Indicate costs asso	ciated on each line)							
Employee Contibutions \$19,313 \$34,071  Prescription  Dental \$32,868 \$31,092  Vision  The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment.  Section VII  Prepared by: Kerry L. Geisler Title: Chief Financial Officer	Cost of Health Plan								
Prescription  Dental \$32,868 \$31,092  Vision			·		•		<del></del>		
Vision \$32,868 \$31,092  Vision		4	\$19,313	\$34,071	-	<del></del>			
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Fried Names / Chief Financial Officer						· — —	<del></del>		
Prepared by: Kerry L. Geisler Title: Chief Financial Officer	The undersigned certifies	that the foregoing figures	s are true and is awar	e that if any of the fo	regoing items are l	false, s/he is subject to punis	ment.		
Print Names	ection VII								
Print Name Date: 9/28/2012	Prepared by:	Kerry L. Ge	eisler		Т	ite: Chief Financial	Officer		
1040 X/IMC Date: 9/28/2012		1/	Print Name	/ 7					
		15cm	40X X /	enc	ם	ate: 9/28/2012			